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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 482560

1. Corporation Name
MAR-TRONICS, INC.

Principal Place of Business
 7135 NORTHWEST 74TH STREET
 MIAMI FL 33166

Mailing Address
 7135 NORTHWEST 74TH STREET
 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country
30		30	

3.	Date Incorporated or Qualified	08/08/1975
4.	FEI Number	59-1626401
5.	Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees
8.	This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

AUSTEN, PETER T
 7135 N.W. 74 ST.
 MIAMI FL 33166

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	DELETED
NAME	AUSTEN, PETER T	
STREET ADDRESS	7135 NW 74TH ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	S	DELETED
NAME	HECKERLING, DALE	
STREET ADDRESS	9401 S DADELAND BLVD PH#1	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1	TITLE	
2.2	NAME	
2.3	STREET ADDRESS	
2.4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1	TITLE	
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1	TITLE	
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1	TITLE	
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1	TITLE	
6.2	NAME	
6.3	STREET ADDRESS	
6.4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter T. Austen DATE: 1/13/99 DAYTIME PHONE #: 305-888-2366

CR2E034 (11/98)